



BARBARA K. CEGAVSKE
Secretary of State
Elections Division
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NEVADA
SECRETARY OF STATE

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#2248

State of Nevada
**Committee for Political Action
(PAC)**
Registration Form
Page 1

ABOVE SPACE IS FOR OFFICE USE ONLY

- ☐ New Registration ☐ PAC (Advocating Passage or Defeat of a Ballot Question)
- ☒ Annual (Due on or before January 15th of each year; NRS 294A.230(4)(b))
- ☐ Amended Registration: ☐ Change Officers ☐ Change Registered Agent ☐ Change Address
check all that apply
- ☐ Change Name ☐ Previous Name of PAC
- ☐ Other:

Name of Committee:

Committee to Protect Nevada Jobs

Telephone:

Mailing Address:

101 South Minnesota Street

Street Name, Number

Carson City

City

NV 89703

State Zip Code

PAC Active Email Address:

PURPOSE: Briefly state the purpose for which the PAC was organized.

To advocate against initiatives or issues that will hamper Nevada's economic growth.

REGISTERED AGENT: pursuant to NRS 294A.240, each PAC must appoint and keep in the State a registered agent, as provided in NRS 14.020, who must be a natural person who resides in the State of Nevada.

Name of Registered Agent:

Joshua J. Hicks

Telephone:

775.324.4100

Physical Address:

5371 Kietzke Lane

Street Name, Number

Reno

City

NV 89511

State Zip Code

REGISTERED AGENT ACCEPTANCE: I hereby accept appointment as Registered Agent for the above-named Committee for Political Action.

X

Date:

1/16/15

Signature of Registered Agent



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OFFICERS: List the name, title, address and telephone number of each officer (attach additional pages if necessary).

Officer Name and Title: Mary Lau, Director Telephone: 775.882.1700

Mailing Address: 410 South Minnesota Street Carson City NV 89703
Street Name, Number City State Zip Code

Officer Name and Title: Telephone:

Mailing Address: Street Name, Number City State Zip Code

Officer Name and Title: Telephone:

Mailing Address: Street Name, Number City State Zip Code

Officer Name and Title: Telephone:

Mailing Address: Street Name, Number City State Zip Code

AFFILIATIONS: If the PAC is affiliated with any other organizations, list the name, address and telephone number of each organization (please attach additional pages if necessary).

Name of Organization: Telephone:

Mailing Address: Street Name, Number City State Zip Code

Name of Organization: Telephone:

Mailing Address: Street Name, Number City State Zip Code

Name of Organization: Telephone:

Mailing Address: Street Name, Number City State Zip Code

SUBMITTED BY:

X Signature of Representative of Group

Printed Name:
Joshua J. Hicks

Date:
1/15/16

Telephone:
775.324.4100